

Attachment C - CMHC Application

Submit an original (signed) proposal
Department of Child Services
Attn: Proposals
302 W. Washington Street
Room E 306-MS47
Indianapolis, IN 46204-2739

The purpose of this agreement is for Contractor to provide behavioral health services and other family and child welfare services as referred by DCS and probation including, but not limited to, Medicaid Rehabilitation Option (“MRO”) and Medicaid Clinic Option (“clinic option” or “MCO”) services. Referrals for such services will be made according to the needs of children and families involved with DCS, whether by an Informal Adjustment (IA) or a Child In Need of Services (CHINS) case, a Children’s Mental Health Initiative (CMHI) case and children and families involved in juvenile delinquency or juvenile status cases (JD/JS clients) which includes any JD/JS IAs.

The provider agrees to comply with the assurances (Attachment E).

The provider agrees to comply with the sample contract (Attachment F).

The provider agrees to comply with the Child Welfare Principles (Attachment D).

The provider agrees to comply with the service standards (Attachment A) and timeframes located <http://www.in.gov/dcs/3159.htm>

The provider agrees to provide Home Based Family Centered Casework Services, Home Based Family Centered Therapy, Counseling, Diagnostic and Evaluation Services, Substance Use Disorder Assessment and Substance Use Outpatient Treatment within the provider’s service area.

In addition, if the provider has available resources and staff possessing appropriate qualifications, the provider is willing to accept referrals for Tutoring, Homemaker/Parent Aid, Parent Education, CHINS Parent Support, Parenting/Family Functional Assessment, Sexually Harmful/Reactive Youth, Visit Supervision, Father Engagement, Withdrawal Management/Detoxification, Med Assessment for MRO, Med – Medication Training and Support, Med-Peer Recovery, Residential Substance Use Treatment, CMHI, START Treatment Coordinator, START Family Mentor, and Resource Family Support Services.

I understand that this proposal will be rejected if the hard copy is postmarked later than March 1, 2019, and/or is unsigned. I certify that the information contained in this proposal is true and accurately reflects the intent of this agency in delivery of services. I am the agency designee authorized to sign proposals on behalf of this agency.

Agency Legal Name:	
Authorized Signature:	
Printed Name:	
Title:	
Date Submitted:	

SIGN IN BLUE INK ONLY

Contact Information:			
Agency Contact:		Phone:	
Email:			
Disaster Contact:		Phone:	

Email:			
Executive:		Phone:	
Email:			